

Attorney/Party Name, Address, Phone, Fax, E-mail:			For court use only	
UNITED STATES BANKRUPTCY COURT DISTRICT OF HAWAII			Case No. Chapter 13	
In re: <div style="text-align: right;">Debtor(s).</div>			Hearing Date: <div style="text-align: center;">Time:</div> Related Docket No.: <i>[if application filed separately]</i>	
LBR 2016-1(b) SUMMARY SHEET - CHAPTER 13 DEBTOR'S ATTORNEY				
Application for Compensation / Expenses:		Interim _____ (1 st , 2 nd , etc.) Final		
Applicant:				
Period for this Request <i>[e.g., 1/1/2000 - 12/31/2002]</i>				
Amt Rec'd Prepetition:	\$	Client Trust Acct Balance:	\$	
Previous Amounts Awarded by Court:		Fees: \$	Expenses: \$	
Previous Amounts Received:		Fees: \$	Expenses: \$	
Current Request (including any Hawaii excise taxes):		Fees: \$	Expenses: \$	
Effect on Plan: Will award as requested affect payments of secured and priority claims? (If yes, briefly summarize here; explain more fully in narrative.)			Yes	No
Total Plan Funding:			\$	
Estimated Amount of Payments on General Unsecured Claims - Before Award:			\$	
Amount of Award Being Requested:			\$	
Estimated Amount of Payments on General Unsecured Claims - After Award:			\$	
Professional	Position	Hourly Rate	Hours	Fees
				\$
				\$
				\$

[Attach additional pages as necessary.]

Dated: _____

Applicant